

D.L. MARTIN CO.

DIRECT DEPOSIT

ENROLLMENT FORM

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

___ I decline enrollment at this time.

___ I elect to change my Direct Deposit

___ I request to termination of Direct Deposit at this time.

SIGNATURE: _____ **DATE** _____